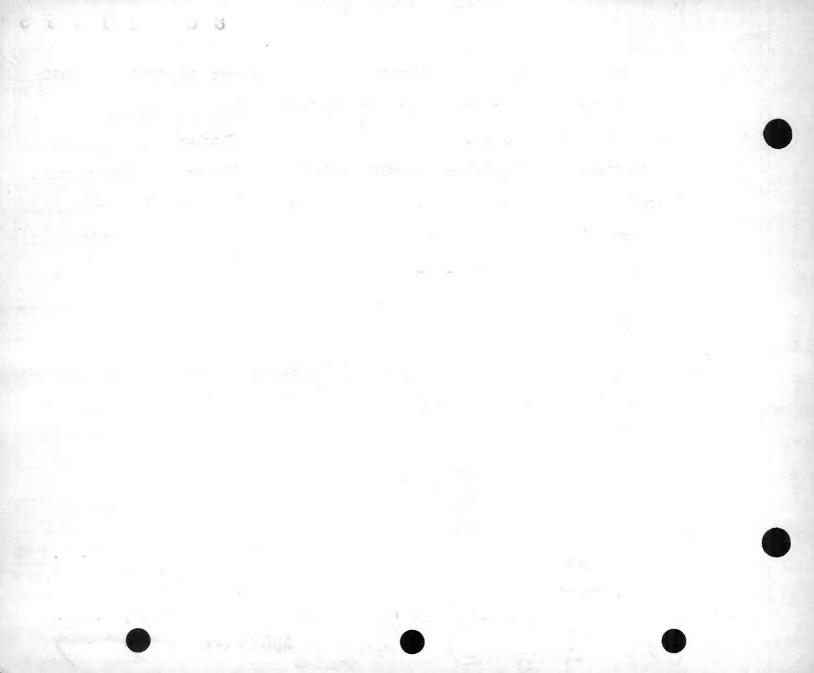
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

1 - STATE

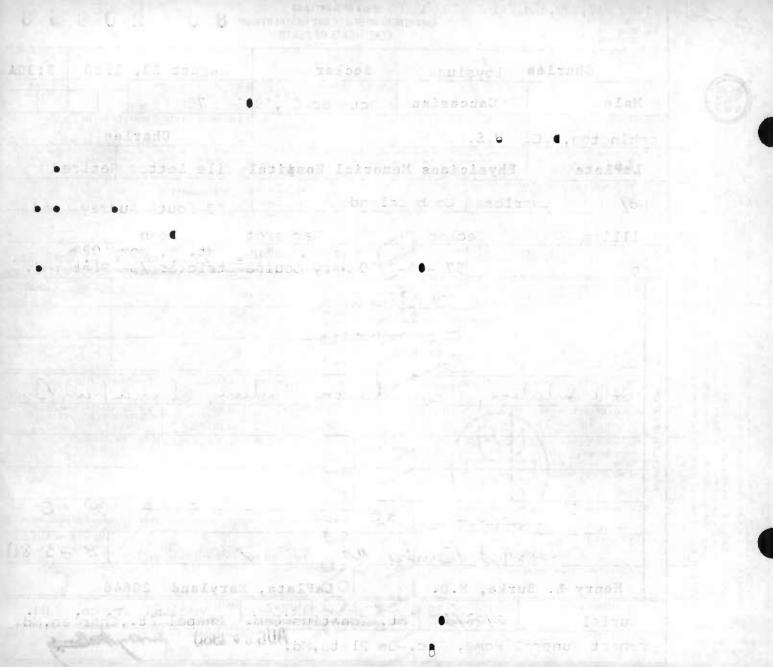
DHMH-16 20M . (VRA 15, 4) 7/7B



3		FOR - STATE REGISTRAR		ARTMENT OF HE CERTIFI	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO		8 5 7
.,		PE OR PRINT)	WIDDLE	LA		20. DATE OF DEATH		YEAR 26 HOUR
Tan Miles	-	Nellie		Beave:		August 1		6:35A A
MAN	3. S	Female	Cau.	Octobe	DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTH	
merol dire	70.	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUN	TDV2 8	□ NEVER MARRIED □	9 BALTIMORE CITY O Charles		DEATH
201 irs after by the filled with	of or	LaPlata	11. NAME OF HOSPITAL, NU (IENOTIN SUCH FACILITY GIVE Physician	street address) is Memori	al Hospital	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE	ON F WORKING LIFE)	NE KIND OF BUSINESS OR NOUSTRY Home
hin 24 hourst be should be in should be in should be in the mer must be	/ 130 M		or other institution, give residence inty in the interior in t	an Head	13d INSIDE CITY LIMITS? YES NO 🛣	13. ATREET AT PRESS	3 x 3	
MARYL, ed withi mpletely and 2 sl	70 14.1	FATHER'S NAME GEORGE	MIDDLE Robers		15. MOTHER'S MAIDEN NA	ME ;	C	Cratz
BALTIMORE, MARYLAND 21201 state be executed within 24 hours or system and completely filled in by appers. Pages 1 and 2 should be fille vol. it, the medical examiner frust be no	160.	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b SOCIAL VE WAR OR DATES)		Woody L. B	addre avers, Jr	₩5 Gre	en Meadows in Head, Mo
L., BALT		PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b) ED BY: ATE CAUSE (a)		ambor ac	cifert		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rec that the death red by the otherid places remainer car virial, cremitation, a		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	EQUENCE OF	artinosco		DITION GIVEN I	N PART 1(a)
NG PHYSECIAN: The low requirements of the seconds of the second of the s	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W			200 AUTOPSY?	20b. IF YES, WE	RE FINDINGS USED G CAUSES OF DEATH?
A DE VITA	CAL CER	?10, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	EY IN ITEM 18, PART 1	OR PART 2)
MVISION other that other that of the but th and M	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	FFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	vN C	OUNTY STATE
TTENDII pital or STOR: A for use of Health		saw the deceased alive a	n attended the deceased from attended the bady after death.	(1)	that in (my) (aur) apinian	, ta an the do	nte and haur and	, that (I) (we) last I fram the causes stated
At OR A At DIREC At DIREC detached date Dept.		22b. SIGNATURE	- //	i, me	ATTENDING PHYSICIAN	MEDICAL STAF	FF	221. DATE SIGNED 8-11-80
O HOSPITAL Interned by II O FUNERAL hould be deal with the State WPORTANT:	1	Ignacio T. Ga	arcia, MD		22e. ADDRESS LaPlata	, Maryland		
BP	230.	BURIAL, CREMATION, REMOVA	23b. DATE 8-13-80		METERY OR CREMATORY	23d LOCATION CITY OR TOWN	rf, Cha	rles. Ma.
DHMH - 16 50M 1/76	24.	FUNERAL DIRECTOR	O A ADDRES	s Waldo		E REC'D. BY REGISTRAR		

APEsa USOI , II turnent	equence parti	APPENDED TO SERVICE	
	Atti 7 materials	o Letto T	
Charles	Criss.	sinipelU	
	Indicated Indicated emphasization	\$20 PRo.7	
Company to the district of	e a la financia de inclusiva anter		
wers, It. clan Head,			
		red. 010 5	

3 +0	1	FOR STATE REGISTRAR	d FilmG547 9/11/0 DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	O REG. NO	2	0	8	5	8
e eŧ	1. DE	CEASED NAME FIRST	MIDDLE	LAST			ONTH			26 HO	
63	3. SE		Aloysius	Becker Is. Date of Birth		ugust	_				30
(M)	3. SE	Male	Caucasian	October 19, 19		N YEARS LAST BIRTH	YRS.	IF UNDE	DAYS	HOURS	MIN.
n 72 h) (RTHPLACE STATE OR FOREIGN OUNTRY) Shington, D.C.	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED WIDOWED DIVORCED		AORE CITY OR			ATH		
by the furilled within		ITY OR TOWN OF DEATH LaPlata	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUA (TYPE OF W	ORK FOR MOST OF	N	12h	KIND OF USJRY Tire	BUSIN	ESS O
fitted in a could be f	130	STATE 13b COUR		ADMISSION) 13d INSIDE CITY LIMITS? Slandyes \(\text{NO} \)	13e STREI	ET ADDRESS					.3
and 2 sh	-	ATHER'S NAME PIRST William	MIDDLE LAST Becker	15 MOTHER'S MAIDEN NA/ FIRST Margare	ME	WIDDLE	an	uar:	LAST	(a	
Pages 1	(VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	WAR OR DATES)		fect	Ricker	S Bo	x 10	322c	obb	Is
he attending physicic emave corbon poper: motion, or removol. r traumatic event, the	7	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if ony, which gove rise to immediate couse (o), stofing the	DUE TO, OR AS CONSEQUE	ulma NCE OF				В	APPROXIMET WEEN OF	ATE INTE	RVAL DEATH
permit. Then please rer ene priar to burial, crem ows any injury, or other	CERTIFICATION	underlying couse lost	tear, Bure	DEATH BUT NO RELATED TO THE TERM OPERATION WAS PERFORMED	me	ASE OR COND UTOPSY?	20b. IF YE	S, WERE	FINDIN	S USE OF DEA	TH?
uriol-transit tentol Hygie Item 18 sho	MEDICAL CERT	21g. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	P.M.	19	_				PART 2)	NO [
as the bu th and M orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET		CITY OR TOWN		COU	NTY	s	TATE
ed for use ot. of Heol em 21 is m			tol) oftended the deceased from	S O ond that in (my) (our) opinion of DEGREE	, to leath occu	rred on the dot	e and had	or and fr	om the co	ouses st	
ERAL UIN e detach State De (NT; If It		22d. PHYSICIAN'S NAME (TYPE O	my J Buch	ATTENDING PHYSICIAN 1	DIRECTO	STAFF	N 🗆		8 -2		
should be de with the Stat		Henry L. B	urke, M.D.	LaPlata,	Mary	land	206	46			
F ₩ 3 ≤	23a. E	ourial, cremation, removal Specify Burial	236. PATE 25, 198636	AME OF CEMETERY OR CREMATORY ASHINGTON . Nat . Cem. I Ghatius . Cem.	23d. LO	cation reprit lar	id I	-Cha	010	Me	
MH - 16 50M 1/76 (VR A 15 (4))		uneral director retrart Funera				80 ISTRAK	4	1	PATU	allo allo	ticle

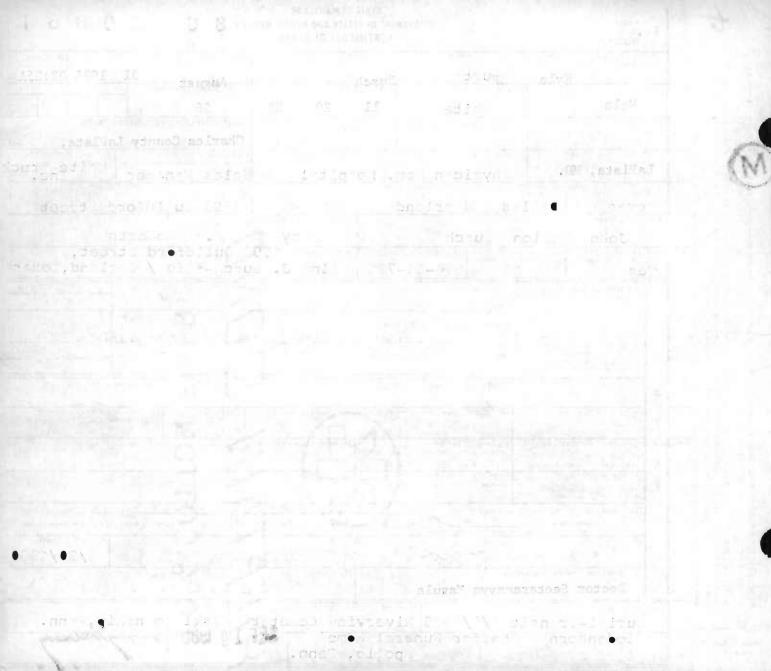


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(mi)	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	20859
		CEASED NAME FIRST	MIDDLE /H.	BrAWNER	20 DATE OF DEATH MONTH	- 31 · 80 935 M
sge 4 may the country page a safter dea	3 SE		NE 9 TO	S. DATE OF BIRTH MONTH ANY ANY YEAR 2 2 2 2 3	6. AGE (IN YEARS LAST BIRTHDAY) 5 3	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
dearn. Pa	70. B	enthplace (state or foreign bunity) The fret, Mo	IN CITIZEN OF WHAT COUNTRY		A BALTIMORE CITY OF COL	
by the fuel within	LI	PIATA	PIN NOT IN SUCH FACILITY, GIVE STREE	LA PIATA, MI	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK - Constr. Work	Dean an de l
thin 24 ho rilled in ould be fil	Ma	ryland C	nother institution, give residence before NTY 136. CITY OR TON harles Pomfre	YES NOX	Rt. 2 Box 86	B Pomfret Md206
completely and 2 shr		LGNA YOUS	MODLE Braw		AME MODIE	BEALLE
te be exer	160	WAS DECEASED EVER IN U.S. AL	rmed forces? 166 SOCIAL SEC 213-16		ADDRESS Wner Pomfret	Md. 20675
ss that the death certification by the attending physise remove carbon papals, cremation, or remov, or or other traumatic et.		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEOL	Photos of the state of the stat	took of	BETWEEN ONSET AND DEATH
ie law require is been signed iit. Then plea prior to buris ws any injury	CATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	20e AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
NG PHYSICIAN: The miding physician. Iter this certificate has the burial-transit permit and Mental Hygiene practed or Item 18 shows	CERTIFICATION	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21c. HOW INJURY OCCU	YES NO NO NET THE PROPERTY IN ITE	YES NO
ENDING PHYSICI, attending physici PR: After this certifice as the burial-transelith and Mental H is marked or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19 211 LOCATION FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
I or a I or a TOR: Use a Heal		22a.f certify that (I) (this hosp	n 19 obt view the body attached the deceased from 19	5 19 80 ond that in (my) (our) apinio	n death occurred on the date an	d hour and from the causes stated
TO HOSPITAL OR AT retained by the hospital TO FUNERAL DIRECT should be detached for with the State Dept. of MPORTANT: If I tem.		276 SIGNATURE	ZUNA	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [271. DATI SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detact with the State I	Q	G.W.	SATING 1	The Coress Viv	Bldy L	solder od.
ВР		BURIAL, CREMATION, REMOVA SPECIFY Burial UNERAL DIRECTOR	Sept. 4.80 S	t. Joseph Ch. Ce	Pomfret	Chanles Md
DHMH-16 25M (VRA 15, 4) 1/79	Ti	nornton Funer	al Home Pomon	key. Md.	EP 4 1900 /	

PART PARTE LA PARTE MANAGEMENT OF BY STATE cancer the trace of the case o AVA TO THOUGHT EVEN ---- Dir-16-2920 Arned Boombe Pomilest, Did. Spiry Later Language and Language Authority

ean	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH CERTIFICATE		IENE 8 0	2	0 8 6 0
- X33		PECEASED NAME FIRST	MIDDLE	LAST		2a. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
		Baby	Boy	BUCKLER			8 4 8	
W	3	Male	White		OAY YEAR 4 80	& AGE (IN YEARS LAST BIRT	THDAY) IF UNO MONTHS	ER I YEAR IF UNDER 24 HRS OAYS HOURS MIN
Show as	7a	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	/? I MARRIED ON	EVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH
A Serveral	5	Md	459	WIDOWED	DIVORCED [CHARLES		MD.
hours ofter d d in by the fu lbe filed with	10	LAPLATA	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE PMYSICIANS MEN	ET ADDRESS)		17a USUAL OCCUPATI (TYPE OF WORK FOR MOST O		N KIND OF BUSINESS OR DUSTRY
fille ould	5 13	UAL RESIDENCE (IF NURSING HOME COU		ORE ADMISSION) 134 IN: 10 W) YES [SIDE CITY LIMITS?	130. STREET ADDRESS	203	Rt. 5
completely 1 and 2 sh	30 14	FATHER'S NAME PEST	MIDDLE OBR	AIN IS MO	Debbie	SU &	. L	Buckles
n ond Poges	160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GR	RMED FORCES? 16b SOCIAL SEC	CURITY NO 17 INF	othes	ADDRE	Dame a	s #13
rtificate by physicion on papers. emovol event, the		PART I. DEATH WAS CAUS	nly one couse per une for (o), (b), (ED BY (TE CAUSE (o))	ature	Birth	_		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deoth cerr ottending ove corbo dion, or re oumotic e		7651 Canditions, if any, which	DUE TO, OR AS A CONSEC	UENCE OF	e la	800	Jan 1	
equires that the death certificate in signed by the attending physicia. Then please remove carbon papers to burial, cremation, or removal injury, or other traumatic event, the		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	UENCE OF				
	NO		CONDITIONS CONTRIBUTING TO	<u>O DEATH</u> BUT NOT RE	LATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 1(o)
A GELO	2 Zeptification	190 DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION WAS	PERFORMED	YES NO NO		RE FINDINGS USED CAUSES OF DEATH?
PHYSICIAN The Isending physicion. This certificate has burial-transit per burial-transit per ad Mental Hygiene dor tem 18 shows	/ 1			DAY YEAR	OW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 O	RPART 2)
4 4 4 4 4 4	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		CATION	CITY OR TOV	wn co	OUNTY STATE
		22e I certify that (I) (this hasp sow the deceased alive a		X II	n (my) (our) opinion o	, todeath occurred on the d	ote and hour and	that (I) (we) last from the couses stated
he hos DIREC Toched F Dept		22b. SIGNATURE	ot) view the body after death	DEGREE	ATTENDING _	MEDICAL STA		814HV
TO HOSPITAL TO FUNERAL Should be deto with the Store	7	224 PHYSICIAN'S NAME (TYPE			DDRESS			111
shoe	72	BURIAL CREMATION, REMOVA	ublin, M.D.	. NAME OF CEMETER		fessional B	uilding	
8P	L	Burist	8/5/1980 (Charles M.	enoual Las	du Lona	10 tous S	marie Wid
DHMH-16 20M (VRA 15, 4) 7/78	10	Matting	ly Lionar Tru	, md.		IG 7 1980	7	- Contraction

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH TYPE OR PRINT rurtz 1980 Kvle Rucch 3 SEX YEAR 23 HOURS Male 29 White 56 Ta. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Charles County LaPlata. WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LaPlata, MD. Physican Mem. Hospital Sales Manager DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
132. CITY OR TOWN 13a STATE 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Dallas 1505 Guildford Street Texas Garland YESXX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Roberts John Marv Mahlon Busch 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Guildword Street. 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 194-14-7819 Wilma J. Busch-Wife / Garland, Texas WW Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 0 20a AUTOPSY? 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX YES [Hygi 18 sh 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental or her (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 71d INJURY OCCURRED The PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 776 SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL 8/30/1980 PHYSICIAN4 DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Doctor Seetaramayya Nagula 2060 23a. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Township, Penn. 1980 Riverview Cemetery THE TRANSPORTED TO THE STATE OF DHMH -116 50M 1/76 (VR A 15 (4))



FOR

- STATE

REGISTRAR

12h KIND OF BUSINESS OR INDUSTRY OperatorN Raymond Ave. Monroe Box 118 Pomfret. APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated COUNTY STATE Md. Chas. 250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 20M (VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

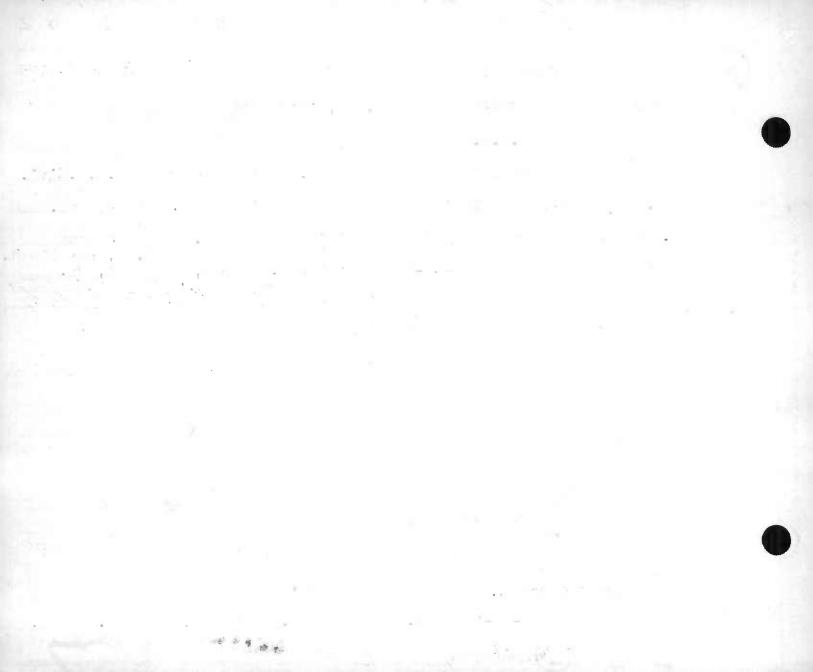
REG NO

7b. HOUR

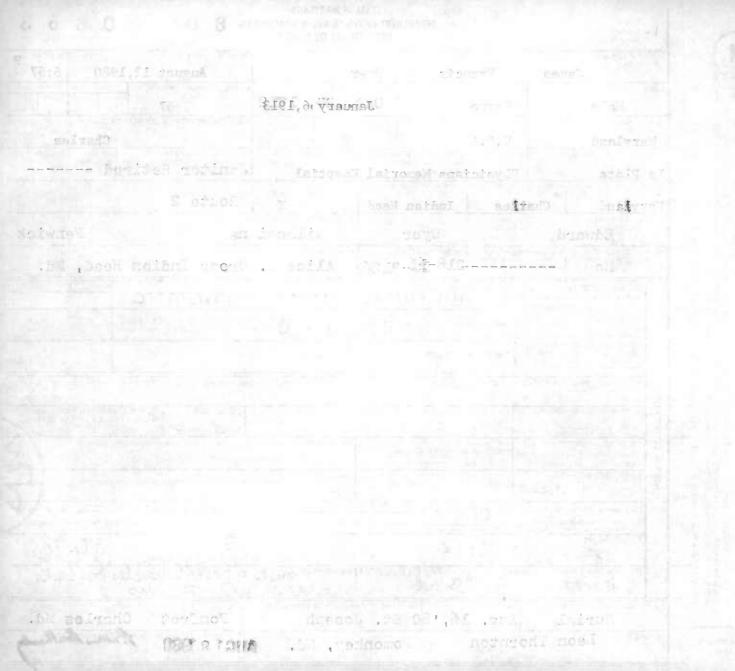
HOURS

DAYS

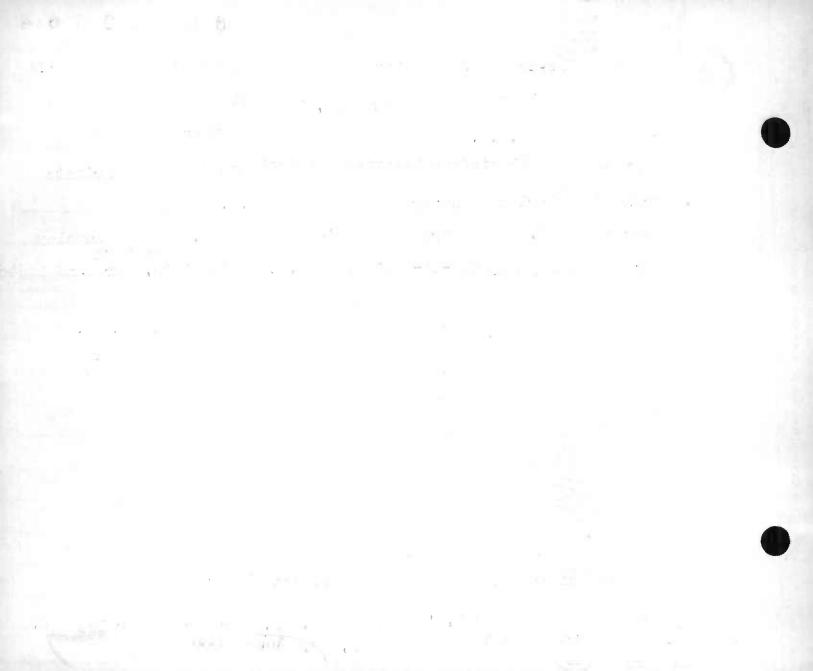
IF UNDER 24 HRS



PER COUSE PER INDICATE COUNTRY? S.A. AME OF HOSPITAL, NURSIN NOT IN SUCH FACILITY, GIVE STREET. YSICIANS MEMORY RESIDENCE BEFORE BEF	MARRIED WIDOWED SIGNED IN THE ADDRESS IN THE ADDRES	NEVER MARRIED DIVORCED THER INSTITUTION SPTIAL INSIDE CITY LIMITS NOTHER'S MAIDEN WITHEM NFORMANT	A 6. AGE IN VEAS 9. BALTIMORI 120. USUAL OG (TUPE OF WORK) 7. Jan t 7. NAME i na 1. Gross	or Reti	IF UNDER I YEAR MONTHS DAYS IY OF DEATH Charl 126 KINDO LIFE) INDUSTRY THOM	es Meriness of the market Md.
E egro IZEN OF WHAT COUNTRY? S.A AME OF HOSPITAL, NURSIN NOT IN SUCH FACILITY, GIVE STREET. VISICIANS MEMO NSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOW INDIAN DYST COUSE PER INDIAN (b) ON COUSE PER INDIAN (c) O	S. DATE OF BIR OCT. 8 MARRIED WIDOWED MORESSION WIDOWED MORESSION PIAL HOSE EADMISSION N Head YES JRITY NO. 17. 11 31264	NEVER MARRIED DIVORCED THER INSTITUTION SPTIAL INSIDE CITY LIMITS S NO EN WOTHER'S MAIDEN WITHEM NFORMANT Alice M	2 6. AGE IN YEAR 9. BALTIMORI 1120 USUAL OF CITYPE OF WORKE Janit 130 STREET AT ROUT NAME i na 6. Gross	ADDRESS AST BIRTHDAY) 67 YRS E CITY OR COUNT CCUPATION OR MOST OF WORKING OP Reti	IF UNDER I YEAR MONTHS DAYS IY OF DEATH Charl 126 KINDO LIFE) INDUSTRY THOM	F BUSINESS O
IZEN OF WHAT COUNTRY? S.A. AME OF HOSPITAL, NURSIN NOT IN SUCH FACILITY, GIVE STREET. YSICIANS MEMO NSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOW S. Indian Dyer ORCES? 16b SOCIAL SECU 218-16- COUSE PET INCIONAL SECU SE (a) WE TO, OR AS A CONSEQUE (b)	MARRIED WIDOWED SIGNED IN THE ADDRESS IN THE ADDRES	NEVER MARRIED DIVORCED THER INSTITUTION SPTIAL INSIDE CITY LIMITS S NO MOTHER'S MAIDEN WILLIAM NFORMANT Alice M	P BALTIMORI 170 USUAL OF CITY DE STREET AN ROUT NAME i na Grøss	CCUPATION OF RETI	Charl Charl 126 KIND C INDUSTRY THE	es A F BUSINESS CO
S.A AME OF HOSPITAL, NURSIN NOT IN SUCH FACILITY, GIVE STREET. YSICIANS MEMO NSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOW S Indian Dyer ORCES? 16b SOCIAL SECU 218-16- COUSE per Inclor In (b) on SE (o) WE TO, OR AS A CONSEQUE (b)	WIDOWED NO HOME OR OT ADDRESS OF IAI HOSE EADMISSION //N Head 15. A JURITY NO. 17. II 31.264	DIVORCED HER INSTITUTION SPTIAT INSIDE CITY LIMITS S NO X MOTHER'S MAIDEN WITHEM NEFORMANT Alice M	120 USUAL OG (COPE OF WERKE Janit Panit Rout) 130 KIREEI AL ROUT NAME 1 na 1. Gross	or Reti	Charl 12b KIND C INDUSTRY 12 Head.	enwick
NOT IN SUCH FACILITY, GIVE STREET. YSICIANS MEMO NSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOW S Indian Dyser ORCES? 16b SOCIAL SECU 218-16- COUSE PET INDIO 10 16 10 16 SE (0) WE TO, OR AS A CONSEQUE (b)	NG HOME OR OT ADDRESS) PIAL HOSE EADMISSION) //N Head 15. A JRITY NO. 17. II 31.26	Sptial INSIDE CITY LIMITS S NO X MOTHER'S MAIDEN WITHEM NEFORMANT Alice M	Janit Rout NAME I na Gross	or Reti	red F	enwick
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ORCES? 166 SOCIAL SECULA A SEC	3126A 3126A	Wilhem NFORMANT Alice M	i na . Grøss	ADDRESS Indian	Head,	Md.
218-16- couse per kine for in (b) on in (b) on in (b) on in (c) on on in (c) on in (c	3126A CARCI	Alice M		Indian	APPROX	
SE (O) TO TO OR AS A CONSTOUR	TICE OF	_	- META	STATIC	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
ic) TIONS <u>CONTRIBUTING TO (</u> b. CONDITION FOR WHICH	<u>DEATH</u> BUT NOT	RELATED TO THE TI		'SY? 20b IF Y	ES, WERE FINDI	GS USED
TIME OF INITIBY	1211	HOW IN IUPY OCC		NOU	YES 🗌	NO 🗆
P.M. MONTH DA	19 211.	-			COUNTY	STATE
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or Associate	V	Valdo4	10 # 2001	20646		outer
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	tended the degree of from the Lory office, in the Lory office death. DATE 16. TIME OF INJURY P.M. 16. PLACE OF INJURY 17. AND INJURY 17. AND INJURY 18. PLACE OF INJURY 18. PLACE OF INJURY 19. INJURY	tended he despeed from the body ofter death. DEGINATE DATE DATE 10. TIME OF INJURY 19 211. 19 211.	HOUR A.M. MONTH DAY YEAR P.M. 19 19. Ite. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 19. Itended the degreed from 19. Itended the degreed from 29. In the body offer death. DEGREE ATTENDING PHYSICIAN DATE 231, NAME OF CEMETERY OR CREMATOR DATE 231, NAME OF CEMETERY OR CREMATOR DATE 16, 80 St. Joseph	THE LOCATION TH	Tended the deserted from 19 , and that in (my) (our) opinion death occurred on the date and the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	The DEFINIURY HOUR A.M. MONTH DAY YEAR P.M. 19 19. PLACE OF INJURY NOME, STREET, FACTORY, OFFICE, FARM, ETC.) Tended the despeed from 19. Ond that in (my) (our) opinion death occurred on the date and hour and from the base of the death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE ASSOCIATE ASSOCIATE 23c. NAME OF CEMETERY OR CREMATORY 15c. AND 15c. NAME OF CEMETERY OR CREMATORY 15c. A



STATE OF MARYLAND



TUNERAL HOME WALDURT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

{VRA 15, 4} 7/78

HUNDT FURNISH HEMICHARDERT, MD

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	1.	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MEN CERTIFICATE OF DEAT	TH REG. 1		3 6
1		CEASED NAME DEID	ert Augustine	Jenkins	August 1	1980 YEAR	9:45
ツ	3 SE	x Male	Caucasian	March 6, 16	AGE IN YEARS LAST BE	RTHDAY] F UNDER I YEAR MONTHS DAYS YRS	
ied of once.	Je. B M	IRTHPLACE ISTATE OR FOREIGN OUNTRY) aryla nd	U. S. A.	MARRIED A NEVER MARR	RIED Char	OR COUNTY OF DEATH	
notified	9	ITY OR TOWN OF DEATH LaPlata	LIF NOT IN SUCH FACILITY, GIVE STRE	ing home or other institut et addressi Memorial _{HOSP} j	ION 120 USUAL OCCUPA (TYPE OF WORK FOR MOST Ltal Sheet Me	OF WORKING LIFE! INDUSTRY	U.S.
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exominer	14. FA	ATHER'S NAME FIRST Benjamin	MDDLE LAST Jenkins	15. MOTHER'S MA FIRST JULIA	MIDDLE	LA	ST.
medicol	(WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEG		ADDI S Davis-Daugh		oy, M
prior to burial, cremation, or any injury, or other troumatic	CERTIFICATION	()		UES praules Horas Mi	n Syndrana	NDITION GIVEN IN PART 1	
o s	를 일	DATE OF OPERATION	170 CONDITION FOR WITH	IN OFERATION WAS FERFORME		IN CERTIFYING CAUSES	OF DEATH?
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his certificate his burial-transit plant Mental Hygier I ar them 18 show		210. ACCIDENT WAS UNDERLYING OR OCNTRIBUTING CAUSE OF DEA (IF EITHER, NOTHEY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	DAY YEAR 19 211 LOCATION	OCCURRED JENTER NATURE OF INJ	JURY IN ITEM 18, PART 1 OR PART 2)	
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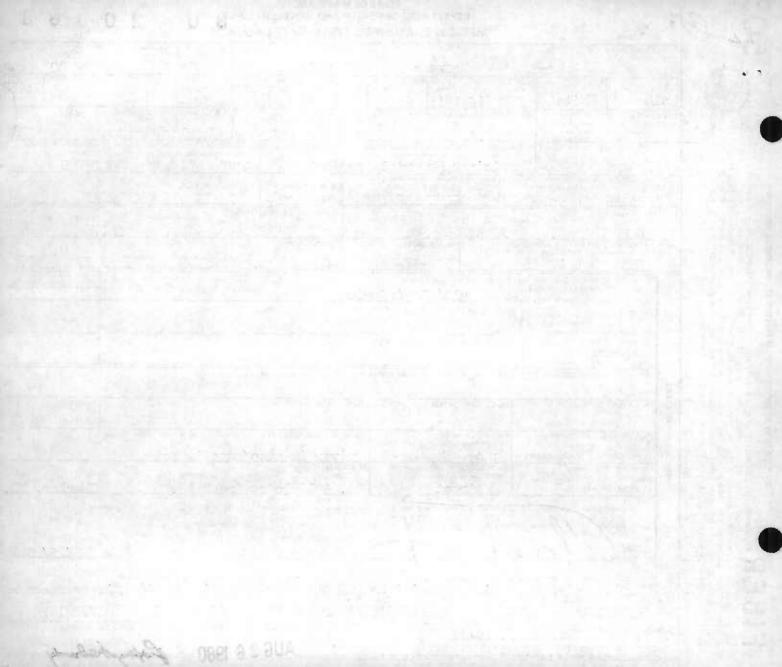
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	1-	FOR STATE REGISTRAR	DEF	PARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 0	2 0	8 6	5 7
1	I. DE((TYPE	CEASED NAME FIRST OR PRINT) LOUIS	WIDDLE		HNSON	AUGUST	10,15		HOUR : 50A
	3. SE)	MALE	4. RACE NEGRO	July July		6 AGE (IN YEARS LAST BIR	THDAY) IF UN MONTH		UNDER 24 HR
35	7a. BII	rthplace (state or foreign cyland	U.S.A.	MARRIE	D NEVER MARRIED X	9 BALTIMORE CITY C		DEATH	^
	L	A PLATA	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE PHYSICIANS ME	MORIAL I		Laborer	ION DE MORKING TIEE) 17	kind of Bu pusjry rivat	JSINESS O
35	130. S Ma		or other institution give residence inty of Riscontinuous		134 INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN N		Box 40	5	
080		UNKNOWN	MIDDLE LAS		UNKNO	MIDDLE		LAST	
medico			VE WAR OR DATES)	6-2027	TA Earl Mac	ador Indi	an Head	a Mox	מת [
we ony injury, or other tro-	CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost PART 2. OTHER SIGNIFICANT OTHER SIGNIFICANT 19e. DATE OF OPERATION	DUE TO, OR AS A CON- IC) CONDITIONS CONTRIBUTION CONDITIONS FOR W	G TO DEATH BUT	itless. Con	MINAL DISEASE OR CON TYPE / JOB AUTOPSY? YES NO	DITION GIVEN IN 20b. IF YES, WE IN CERTIFYING YES	RE FINDINGS CAUSES OF	USED DEATH?
gen 18 shows		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		H DAY YEAR	214 HOW INJURY OCCU	RRED (ENTER NATURE OF INJU			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	DFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn co	OUNTY	STATE
2 Is mo		220. t certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did n 22b. SIGNATURE	A	19_872.0	nd that in (my) (auc) opinio	n death occurred on the d		,	
× ×		22d. PHYSICIAN'S NAME (TYPE	or PRINT)		M.). ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []		20601
MPORTANT		GIRIJA S RA					VALDORF,		
	É	URIAL, CREMATION, REMOVA BURIAL	Aug. 14.	80 ATA	EMETERY OR CREMATORY X. Meth.	Picon	Charle	a Ma	STATE
	24 FL	NAME NAME	Chornton ADDRE	Pomon	key, MdAUG	A TE ROC 1980 GISTRAS	25h REGISTRAP	Charles	f

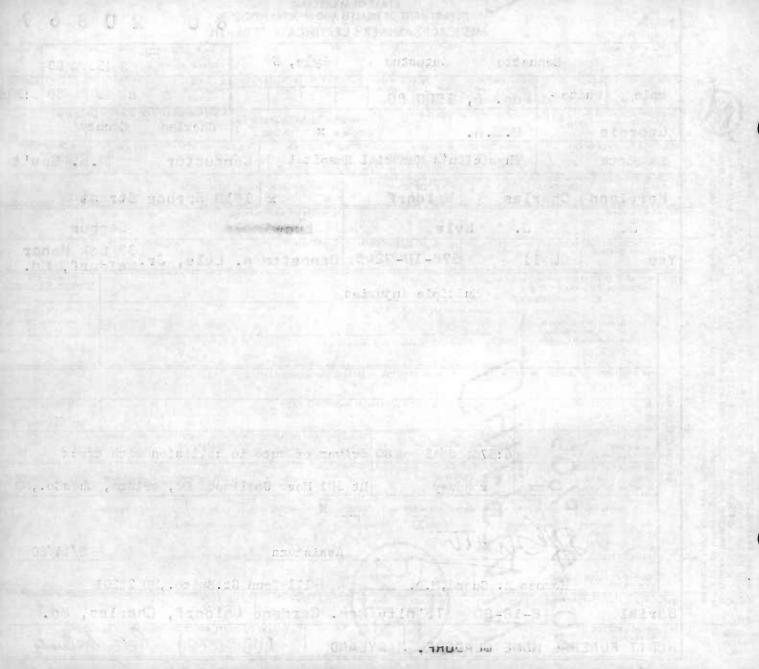
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICA DECEASED NAME FIRST 20. DATE KNOWN K MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Robert Johnston 2219 80 Wavne 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR. SEX DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male White DEAD SEPT 16,1923 56 22 19 80 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) DIVORCED Charles County WEST VIRGINIA NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS a Plata Physicians Memorial Hospital GOVT. ITASTON PEPCO. 136 COUNTY 13e. STREET ADDRESS 3a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES Y 10215 BIG ROCK ROAD MARYLAND MONTGOMERY NO L 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST FRED SMITH 16g. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO IYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES WW II 578-22-5515 CAROLYN B. JOHNSTON SAME AS 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? O BURIAL, YES T NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR ANY MONTH DAY YEAR UNDERLYING XXOR MEDICAL CONTRIBUTING CAUSE OF DEATH 8:44P.M. 8 2219 801 driver in auto/auto impact 21e PLACE OF INJURY LATHOME, 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) street 301& Popes Creek Rd CTOR: The Learning that Live sharge of the remains described obove, held on ond in my opinion Homicide Undetermined manner TITLE (SPECIFY) Deputy ChiefMEDICAL EXAMINER EXAMINER'S NAME Thomas D. Smith.M.D. 111 Penn St. Balto., MD. 0 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY CREMATION 8/25/80 METROPOLITAN CREMATORY BP 24. FUNERAL DIRECTOR FRANCIS J. COLLINS **DHMH-17** VR A15 ME (5) AUG 2 6 1980 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 15M 7/76

STATE OF MARYLAND



13.			FOR STATE				EPARTMENT S		TH AND	MENTAL)	2	0	8 6	9
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N, PLEASE HECTOR FILES	E TREET	3. SEX	ale	4. RACE white	S. DATE OF	DAY	6. AGE	IN YEARS IF				2c. DAT	E INCED	MON1 8		19 OI AY YEA	2d. HOUR 0 5:304
AECESSAI	19	FO	RTHPLACE (ST REIGN COUNTRY)		76. CITIZEN	OF WHA	T COUNTRY?	8. MAI	WED 12			-	MORE CIT		oun	F DEATH	MD.
DELAY IS N TO THE F N PAGE 5 BE FILED.		I															
. 21201 L. IF ANY DELAY 2, AND 3 TO T 3. RETAIN PAR SHOULD BE FI	SECORD SECORD	13a. S		13b. COUN			RESIDENCE BEFORE AD 13c. CITY OR TOW Waldor	/N	13d. INS	SIDE CITY LIMITS?		EET ADDR	Pruc	e St	ree	2 t	
ORE, MD. ; R DEATH. AGES 1, 2, NRM PM 3	OSCKITAL OSCKITAL		THER'S NAME		MIDDLE J.		/le LAST		100	CUCY			MIDDLE		agg	LAST US	
BALTIMORE, IRS AFTER DE GIVE PAGE: WITH FORM PAGES 1 AN	VISION	160. V	S NO OPTINIKNO	EVER IN U.S. AR	MED FORCES:		578-10-			nnette	2 A.	Lyl	e, J	3'	Da	k Ma	Md.
ON ST., B 24 HOUR ITEM 1B. LONG W PERMIT. P	ENE, DI		18 CAUSE OF PART I DE	ATH WAS CAUSE	ED BY: ATE CAUSE (o).	Mul	r(o),(b),ond(c). tiple in	njurie	S							APPROXIMA	TE INTERVAL
01 W. PRESTON ST., BALTIMORE, MD. 2 UTED WITHIN 24 HOURS AFTER DEATH. I N PENCIL IN ITEM 18. GYE PAGES 1, 2, KAMINER ALONG WITH FORM PM 3 14A-TRANSIT PERMIT. PAGES 1 AND 2 S	NTAL HYG	7	gave ris	s, if any, which e to immediate stating the under	(b),		S A CONSEQUEN										
S, 301 W. P XECUTED W G' IN PENC TAL EXAMIN BURIAL-TRA	REMATION,		lying cous		(c)		NOT RELATED TO THE		ASE OR CON	IDITION GIVEN IN P	APT 1 (a)						
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SF VITAL. TE SHOU WORD "WORD "HE CHIE	BURIAL,	CERTIFICATION		L CAUSE WAS	21b. TI	IME OF IN	JURY	21c.	HOW INJ	JURY OCCURR	ED (ENTER	NATURE OF II	NJURY IN ITEM	18 PART 1 O	R PART 2)	YES 🛚	но 🗆
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DIN R: THIS C TE, WRIT DRWARD	STATE C	×			xx	road	lway		301	Near S		lnquiry		aPlat			0.,MD
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR:	RYLAND,		death resulte		couses [-	ccident X,	Suicide L	ј, н	lomicide ,		ermined m],	орино		
DICAL EX	DEATH, V		ACTUAL SIGNATURE_	3/5	Ju	an				istant	MED	ICAL EXA	MINER	DA' SIG	TE NED_	8/14	/80
TO MEDION EXECUTE PAGE 4	AFTER I	23o. BI	EXAMINER'S I (TYPE OR PRIN JRIAL, CREMAT PECIFY)	ION,REMOVAL			23c. NAME OF		OR CREA		23d. LC	CATION					STATE
BP	17	24. F	PECIFY) INERAL DIRECT		8-16-		- 100 300	100		Garder 250. DATE	REC'D. BY		AR 256. RE	1.1	SSIGN		STATE
15M7/7		HL	INTT FL	JNERAL	HUME	WLAD	DORF, M	ARYLI	4 ND	F	AUG 2	0 19	δŲ	prop	ry/		- Ly



1 - STATE REGISTRAR	DEPARTMENT OF H CERTIF	E OF MARYLAND EALTH AND MENTAL HYGIEI ICATE OF DEATH	REG. NO.	20870
1. DECEASED NAME FIRST (TYPE OR PRINT) Harold	libitti naban	Lyon	August	31,1980 25 HOUR 03:45A
3. SEX Male	Cau. S. DATE C		AGE (IN YEARS LAST BIRTHDAY) 84 YR	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
78 BIRTHPLACE (STATE OR FOREIGN COMMETTY Land	76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWE	NEVER MARRIED	charles	NTY OF DEATH
10 CITY OR TOWN OF DEATH LaPlata	PHYSICIAN Memorial 19		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN MERCHANT	126. KIND OF BUSINESS OR INDUSTRY Splf
Maryland Char	other institution one residence before admission) VIY Cles La Plata	YES NO X	Box 1453	
Thomas Wi	nittingham Lyon	15 MOTHER'S MAIDEN NAME FIRST Mary	Elizabet	th Padgett
18 CAUSE OF DEATH IETHER OF PART I. DEATH WAS CAUSE 18 CAUSE OF DEATH IETHER OF PART I. DEATH WAS CAUSE IMMEDIAT	MED FORCES? 166 SOCIAL SECURITY NO. 217-32-1767	Alice B. Ly		
NO IN DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT 19B. CONDITION FOR WHICH OPERATIO	cles	200 AUTOPSY? 200 AF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CALLER OF OF	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	YES NO STATURE OF INJURY IN ITEM	YES NO NO NB, PART I OR PART 2)
21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive on obove, (1) (we) (did) (did no 27%. SIGN, U.S.	t) view the body ofter death.	DEGREE ATTENDING	MPDICAL STAFF	hour and from the couses stated 22c. DATE SIGNED
Johnson, Fred		PHYSICIAN 1220 ADDRESS	La Plata	
230. BURIAL, CREMATION, REMOVAL		EMETERY OR CREMATORY	23d. LOCATION	

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STATE OF MARYLAND

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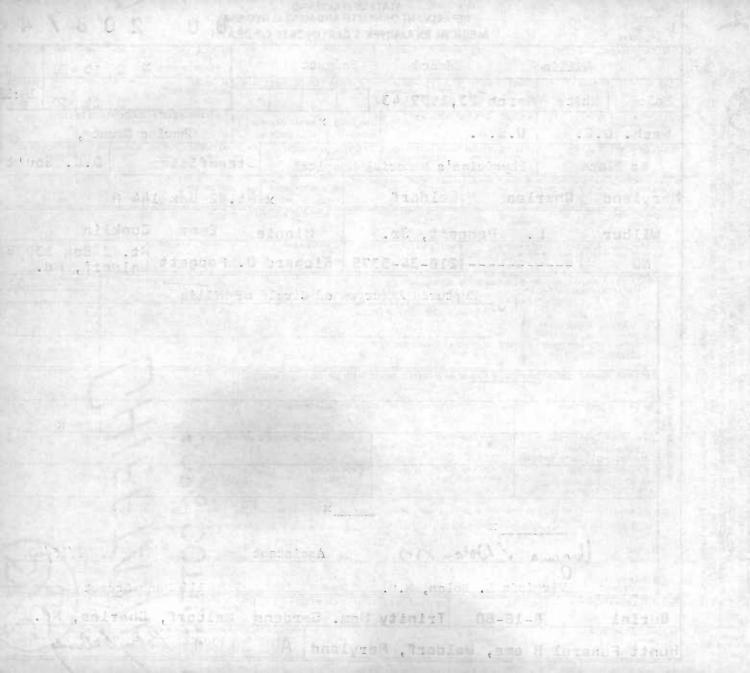
2			f.	STATE	OF MARYLAND		
	1	FOR	DEP	ARTMENT OF H	EALTH AND MENTAL HY	GIENE 8	20872
		STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. NO	
E COMM Y	1 DE	CEASED NAME FIRST	MIDDLE	L	AST		NONTH DAY YEAR 26 HOUR
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2171	3 SE	1	RACE	5 DATE O		6 AGE (IN TEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
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in 72 l	C	Charles 6.	USA	WIDOWE	DIVORCED	Charle	¬, MD.
er d	10 C	ITY OR JOWN OF DEATH	1. NAME OF HOSPITAL N	URSING HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATIO	
by th filed v	h	allata. MU	Maries Co	with, H	any three	House w	1 0 11
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs or attending physician and completely filled in by Mrer this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filler than Amental Hygene prior to burial, cremation, or removal. or ked or them 18 shows any injury, or other traumatic event, the medical examiner must be not acked or them.	USU.	AL RESIDENCE (IF NURSING HOME OR CENTATE 136 COUNTY	OTHER INSTITUTION, GIVE RESIDENCE 13(, CITY OR	BEFORE ADMISSION	13d INSIDE CITY LIMITS2	13e STREET ADDRESS	
AND 2 24 ho 24 ho could b	1	Ad. Cha	1 64 1	UTV.	YES NO D	General	Delivery
YLA ithin tely 2 sh	14 F	ATHER'S NAME			15 MOTHER'S MAIDEN NA		
MAR)		Walter "	H. Coomb		Mittie	MIDDLE	Monroe
The day				SECURITY NO.			
MORE e execu		VAS DECEASED EVER IN U.S. ARA YES, NO. OR, UNKNOWN) (IF YES, GIVE			John Zick	3700 64th	Avenue
IM e e e	911	NO	140	40.3210	SUMM ZIEK	Landover,	Md. 20785
SALT ote b sicio ipers ral.		18 CAUSE OF DEATH (Enter only	one cause per line for a	b and c			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physical poper may all		PART I. DEATH WAS CAUSED	BY /	Minie	annest		1mi
ban ren		IMMEDIATE	CAUSE (D)	will	wow.		77700
on or	100	7272	DUE TO, OR AS MCONS	EQUENCE OF	D. L. D.	1. 11.11	1. 6 hans
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law relaw resemble springer	2	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOFST:	IN CERTIFYING CAUSES OF DEATH?
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7ISION OF VITA PHYSICIAN: The remaining physician physi	1 8	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	VEAD	21c HOW INJURY OCCUR	RED LENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
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OR AT OR AT DIRECT ached for Dept. o		776 SIGNATURE	VIEW THE BOOK OFFER GEOTIE		DEGREE		22r. DATE SIGNED
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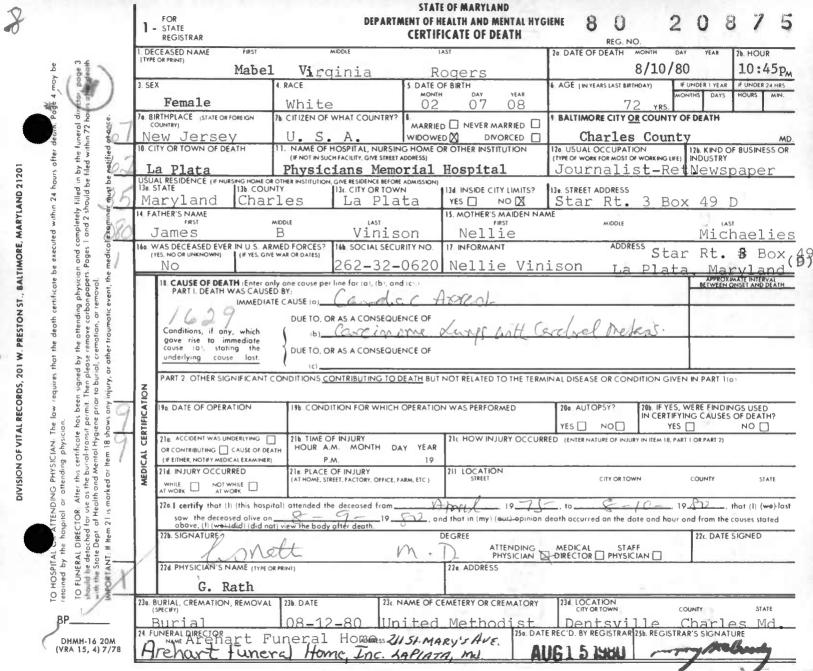
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 26. HOUR urnett (TYPE OR PRINT) ARLINOUS August 12. 1980 11:45 Jr. 3. SEX & AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS DAYS HOURS TO CITIZEN OF WHAT COUNTRY To BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Virginia MARRIED NEVER MARRIED U.S.A. Charles WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR Physicians Mem. INDUSTRY OF La Plata Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Rt.#I Box 106 E Maryland Charles Nanjemov YES [NO K 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Oliffast Carlinous Laura 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I LIE YES GIVE WAR OR DATEST 577-22-0405 Mary E. Oliff same as 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (p.), (b), and (c). PART I. DEATH WAS CAUSED BY YOCARDIAL INFARCTION SUDDEN IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF EVERE CORONARY ARTERY DISEASE Conditions, if any, which gave rise to immediate (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTA YES [NO [218 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY ŏ CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 22a I certify that (I) this hospital) attended the deceased from_ sow the deceased alive on JULY D 19 80 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DAJE SIGNED × ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN be deto e Stote [22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 7600 CARRILL ld b 20012 ADRIAN TAKOMA PARK 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 73d LOCATION (SPECIFY) Cremation Virginia 1980 Metro. Crematory Alexandria. ALIG 5 1380 REGISTRAR 256 RECUSTANCE 24 FUNERAL DIRECTOR DHMH-16 20M Funeral Home, Waldorf, Maryland (VRA 15, 4) 7/78



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AL RECOR	13a. S	TYLATE ATHER'S NAME	13L COUNT	les	132 CITY OR TOWN	13d. INS YES		Rt.#2 Box	< 144 A				
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SED AS A BURIAL-IRANSIT FER FEETH AND MENTAL HYGEN CREMATION, OR REMOVAL		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).											
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, 21201 PRIOR TO BURIAL	MEDICAL	21d INJURY O WHILE AT WORK	CCURRED NOT WHILE AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOCATION STREET	٧	CITY OR TOWN	cc	DUNTY	STATE		
MARYLAND, 21		22e. I certif		e of the remains des	cribed abave, held an Accident , Sui	TITL	amicide . I	Inquiry Undetermined manner	100	Q /15 /	′80		
AFTER DEATH, WITH THE BALTIMORE, MARYLAND,	1	EXAMINER'S I	IT) Virg		Dolan, M.D.	ADDRES	SS	111	Penn Str	TEYAL			
17	24. F	UTIAL UNERAL DIRECT	FOR	3-18-80	Trinity	Mem. (25a. DATE REC	23d. LOCATION Ualdorf "D. BY REGISTRAR 25		les, Mc	ATE .		
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	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 0 8 7 2 CERTIFICATE OF DEATH											
0 757		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	1000								
o de la	A	Lesli	e Althea	Sydnor Is. Date of Birth	August 23,	1980 4:38								
4	V	remale	Caucasian	June 15, 1517		MONTHS DAYS HOURS MIN								
er death. Pog Le funeral di within 72 tall	1 0	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNT Charle									
by the furthiled with	10 ⊂	LaPlata		NG HOME OR OTHER INSTITUTION TODRESS) Temorial Hospita	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS O INDUSTRY Uwn Home								
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ond 2 sh	1	Lloyd Montgomery Edith Willett												
Pages 1	16a V	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-42-4938 Catherine Huffman, Marbury, Md.												
signed by the attending physicia Then please remove corbanpopers to burial, cremation, ar removal. njury, ar other traumatic event, the	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)												
t permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\)								
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ond ond	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE								
DIRECTOR: After object for use as Dept. of Health f them 21 is mark		22a.1 certify that (I) (this hospital) attended the deceased from 5 9, 19 80, to 5 23, 19 80, that (I) (we) last saw the deceased alive an above. (I) (we) Tailed (did not) view the body after reath 27b. SIGNATURE 22c. DATE SIGNED												
ERAL DII		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN B-23-80 224 PHYSICIAN S NAME (TYPE OR PRINT) 226 ADDRESS												
TO FUNERAL E should be deto with the Stote E IMPORTANT: IF		Daniel Howell, M.D. Waldorf, Maryland 20601												
e = ≈ 3 ≤ 3P	230. [BURIAL, CREMATION, REMOVA SPECIFY) Burial	23b. DATE 8-26-80 P	NAME OF CEMETERY OF CREMATORY BIK HILL CEM.	LIGITUAL A	Chas. Md.								
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	Hame Then Fun	eral Home ADDRESS	aldorf MAN	TE REC'D. BY REGISTRAR III H GIL	STRAR'S IGN TURE								

CAN BOOK BUSINESS BOOK STORY Famila Countries while is there o a e an Chado Larland Physicians Memorial Ton Ind ou fills - Larland Vintage and Second maria de la compania del compania de la compania de la compania del compania de la compania del la compania del compania de la compania del compania del la compania del compania de . C. . Count Loined Carles was a supplemental transfer Comment of the contract of the

DEPARTMENT OF HEALTH AND MENTAL HYGIENED - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN TX MONTH (TYPE OR PRINT) OF ESTI-10 80 R. John Welborne DATE OF BIRTH AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 31, 80 May 21, 1918 62 YRS D M male white 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COLTRY) U.S.A. DIVORCED XX Charles County Illinois WIDOWED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ID. CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Physicians Memorial Hospital La Plata Builder Construction 3. RETAIN PA USUAL RESIDENCE (IF IN NURSU) FOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN Box 310 NO Rt. 2 Prince Georges Accokeek Maryland VITAL F 15. MOTHER'S MAIDEN NAME WITH FORM PM 3 T. PAGES 1 AND 2 S DIVISION OF VITAL 14. FATHER'S NAME MIDDLE Crapser Welborne . William Irene 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Welborne Jerald 456-01-0590 Unknown Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Ruptured aortic aneurysm DUF TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? RWARDED TO THE CHIEF PAGE 3 SHOULD BE USE STATE DEPARTMENT OF 1 YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH III LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. AT WORK NOT WHILE STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21' 220. I certify that I took charge of the remains described above, held an Inspection Hamicide Undetermined manner TITLE (SPECIFY) 9-2-80 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St. TYPE OR PRINT) 236. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) COUNTY Texas Dallas Sept. 5, 80 Restland Mem. Park Burial BP. 24. FUNERAL DIRECTOR **DHMH-17** Metropolitan FuneralService, Alexandria, Va. (R A15 ME (5)) 15M 7/76

STATE OF MARYLAND



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STATE OF MARYLAND

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		ATHER'S NAME FIRST					15. MOTHER'S MAIDEN NAME											
		nry	D EVER IN U.S. ARA	Felix Yates				Clara 17. INFORMANT						Thon	Thomas			
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